PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10002761

CLAIMS AS FILED - PART I												
			(Column 1)		-	(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAI	
₩-		s J g	 					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUM	NUMBER EXTRA		BASIC FE	370.00	OR	BASIC FEE	740.00
II- -		ABLE CLAIMS	58 minus 20=		* 38			X\$ 9≈		OR	X\$18=	65-40
II—	DEPENDENT (ninus 3 =	٠ ر	9		X42=		OR	You	168
MULTIPLE DEPENDENT CLAIM PRESENT								+140=	 	1	-	100
* 1	f the differenc	e in column 1 is	s less than z	less than zero, enter "0" in column 2			į	TOTAL		OR		
	(CLAIMS AS	AMENDE	MENDED - PART II				TOTAL	L	OR	TOTAL	1592
	T	(Column 1)		(Column 2)				SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	1./8	Minus	**58	5	= /		X\$ 9=		OR	X\$18=	
	Independent	ENTATION OF M	Minus	DENDENT	CLAIR.	=/		X42=		OR	X84≈	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1	+280=	
							L	+140= TOTAL		OR	TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	A	DDIT. FEE		OR	ADDIT. FEE	
8		CLAIMS		HIGH	ST	199191111197			4001			
AMENDMENT		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AM	Independent	* ENTATION OF MI	Minus	***	01.4114	=		X42≈		OR	X84=	
لــــا	·	ALVIOLA OF MIC	DETIFIE DEF	ENDENT	CLAIM		F	+140=			.222	
							L	TOTAL		OR	+280= TOTAL	
		(2.1 a)					ΑĒ	DIT. FEE		OR ,	DDIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)						l
MEN		REMAINING AFTER AMENDMENT		PREVIOUS PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	Γ	X\$ 9=		[X\$18=	
	Independent	*	Minus	***		=	\vdash			OR		
	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT (CLAIM		\vdash	X42=		OR	X84=	
* 1f	the entry in only	nn 1 in lang than th] 4	140=	Į,	OR	+280=	I
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OTAL ADDIT. FEE												
7	he "Highest Num	ber Previously Paid	For" (Total or	independen	ess than t) is the f	3, enter "3." nighest number i			opriate box	in colu	mn 1,	